



**WILD N' WACKY
DAY CAMP
Participant Information
Form (2016)**

Salina Parks & Recreation
Therapeutic Recreation Program
P.O. BOX 736
Salina, KS 67402-0736
Carver Center 315 N. Second
Phone # 785-826-7278
Sabrina's cell # 785-819-4154

****THIS FORM MUST BE COMPLETED BEFORE YOUR CHILD MAY ENROLL IN CAMP!****

PARTICIPANT INFORMATION

Today's Date ____/____/____

Name _____

Age _____

Address _____

Birth date ____/____/____

City _____

State _____ Zip _____

Primary Phone _____

Cell Phone _____

PARENT/GUARDIAN INFORMATION

Name(s) _____

Address _____

City _____ State/Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Whom would you prefer we contact for minor issues? _____
Name Phone #

Whom would prefer we contact for emergencies? _____
Name Phone #

If we are unable to reach you in case of a emergency, whom should we notify?

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Doctor _____
Name City Phone #

Will the participant be attending camp with a P.A.? ☐ Yes ☐ No

If yes, please provide P.A.'s name(s) _____

Does Participant have any of the following?

☐ Asthma/Respiratory Condition ☐ ADD/ADHD ☐ Hearing Impaired/Deaf

☐ Developmentally Delayed ☐ Diabetes ☐ Bee Sting Allergies

☐ Seizures, Type & Frequency _____

☐ Food Allergies: _____ Reaction: _____

☐ Medication Allergies: _____ Reaction: _____

Cont. on back

Communication: Check all that apply

☐ Good ☐ Limited Conversation ☐ Sign Language
☐ Shy ☐ Dominates Conversation ☐ Inappropriate Topics

Does participant wear ☐ hearing aid ☐ corrective eyewear ☐ briefs

Does participant use any of the following? ☐ wheelchair ☐ walker ☐ cane

☐ orthopedic/prosthetic device ☐ sign language/communication board

Comments: _____

Does participant require assistance with:

☐ eating/drinking ☐ toileting ☐ anticipating safety needs ☐ reminders
☐ dressing/undressing ☐ Orientating to people, places, time ☐ Other

Explain: _____

Does participant display any fears? ☐ Y ☐ N

(If yes, please describe) _____

Does participant: ☐ comply with verbal requests/directions?
 ☐ respond to specific behavioral techniques?

Can the participant swim? ☐ Yes ☐ No

Please list any information that you feel is important for us to know to provide a more enjoyable experience:

Authorization for Emergency Medical Treatment: I authorize Salina Parks & Recreation to arrange for emergency medical treatment in the event of an injury to the above named participant when designated emergency contacts cannot be reached.

Field Trip Waiver: I authorize the above named participant to participate in off site field trips with the Wild N' Wacky Day Camp staff. I understand that my child will be transported in City of Salina vehicles.

Photo Permission: I understand that photographs of the above named participant may be used in newspapers, publications, on the T.R. Face Book page, slide presentations, or displays designed to promote the Therapeutic Recreation Program.

Signature

Date